



**Commonwealth of Virginia
Department of Health**

Virginia Cancer Registry – Web Plus Information Systems Security Access Agreement

As a user of the WebPlus, I understand and agree to abide by the Virginia Department of Health (VDH) Security Policy and the following terms which govern my access to and use of the information and computer services of VDH. Information systems include, but are not limited to, the computer; computer network; all computers or peripherals connected to the network; and all devices and storage media attached to the network.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions (including data exchange if applicable) for VDH. Passwords and logon IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (including but not limited to Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised. I understand that I am responsible for all activities performed under my assigned logon ID and assigned WebPlus system role.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues. I will not disclose information regarding any access control mechanism of which I have knowledge. I will not post any information related to WebPlus or any data contained in WebPlus on any social media, networking sites or public websites.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH agency policies, procedures and standards which relate to the security of VDH information systems and the data contained therein. Unauthorized or improper use or access of these systems may result in disciplinary action, as well as criminal penalties.

I understand and consent to the following: I have no reasonable expectation of privacy when I use Commonwealth information systems; this includes any communications or data transiting or stored on this information system or equipment. At any time, and for any lawful government or agency purpose, the government or agency may, without notice, monitor, intercept, and search and seize any communication or data transiting or stored on this information system. As such, you give consent to the monitoring of activities on VDH information systems, and other systems accessed through VDH systems. If such monitoring reveals possible evidence of unauthorized or criminal activity it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

Security Training (Check all that apply/at least one must be checked)

- My organization required me to take some form of security awareness training when I was hired.
- My organization requires me to take some form of security awareness training at least annually.
- My organization has no security awareness training requirements.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Name (Print)

Date

Signature

Virginia Cancer Registry – WebPlus Access Request Form

I. USER INFORMATION				
LAST NAME	FIRST NAME:		MI:	
PHONE:	EMAIL:			
II. OFFICE LOCATION			III. SUPERVISOR	
Reporting Facility	Facility Name		NAME:	
	Facility Address		TITLE:	PHONE:
	City	ST	Zip	EMAIL:
IV. TYPE OF REQUEST				
Create User	Add/Change User Role	Terminate User Access	Reason access required:	
Effective Date: (Immediate if not specified):				
V. ACCESS ROLE/DESCRIPTION				
WEBPLUS ROLE				
	Facility Abstractor		Follow-back Supervisor	
	Local Administrator		Central Abstractor/Reviewer	
	File Uploader		Survivorship User	
	File Upload Supervisor		Central Administrator	
	Follow-back Monitor		System Administrator/DBA	
Additional comments:				
Signed Information System Security Access Agreement Form provided (required for all new users).				
VI. FOR TECHNICAL SUPPORT USE TEAM ONLY				
COMMENT:			User ID Assigned:	Facility ID:
REQUESTED ACTIVITY PERFORMED BY:			DATE:	